

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9	/					
10		/				
11		2				
12	/					
13		/				
14		/				
15	/					
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39		/				
40		4				
41		4				
42		4				
43		4				
44		4				
45	/					
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	19					
TOTAL DEP.	76					
TOTAL CLAIMS	95					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53	/					
54	/					
55	/					
56		2				
57		2				
58		2				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						